



***DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS***

**REHABILITATION PROGRAM FOR SMALL RENTAL PROPERTIES  
LOAN APPLICATION**

Submit to: CEDRIC BROWN, PROGRAM MANAGER  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
DIVISION OF HOUSING AND CODE ENFORCEMENT  
100 MARYLAND AVENUE, 4th FLOOR  
ROCKVILLE, MD 20850

**A. APPLICANT INFORMATION**

1. Name of Applicant (s) \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

2. Nature of Applicant/Organization (Attach Partnership Agreement or Articles of Incorporation)

☐ Individual (If husband and Wife, List Both Names) ☐ Partnership (List Partners)

☐ Limited Partnership ☐ Corporation (List Corporate Officers)

Organizational Federal Tax ID #: \_\_\_\_\_

List below the name and social security numbers of the owners, partners, if individuals:

**Name**

**Social Security Number**

\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

## **B. PROPERTY INFORMATION**

1. Address of property to be rehabilitated: \_\_\_\_\_  
\_\_\_\_\_
2. Total Number of Units: \_\_\_\_\_
3. What construction type is the building proposed for rehabilitation? (brick, frame, reinforced concrete, etc.)  
\_\_\_\_\_
4. What type of heating system does the building have? \_\_\_\_\_
5. What year was the building constructed? \_\_\_\_\_
6. Is this building registered with MDE for Lead Paint? \_\_\_\_\_  
MDE # \_\_\_\_\_

## **C. EXISTING DEBT SECURED BY THE PROPERTY**

1. Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_
2. 1st Trust:

Original Loan Amount	_____
Unpaid Principal Balance	_____
Monthly Payment Amount	_____

Loan Terms: Interest Rate \_\_\_\_\_ (If variable rate, explain) \_\_\_\_\_

Maturity Date \_\_\_\_\_

Is there a balloon? Y ( ) N ( ), If yes, how much?

Holder:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_
3. 2nd Trust:

Original Loan Amount	_____
Unpaid Principal Balance	_____
Monthly Payment Amount	_____

Loan Terms: Interest Rate \_\_\_\_\_ (If variable rate, explain) \_\_\_\_\_

Maturity Date \_\_\_\_\_

Is there a balloon? Y ( ) N ( ), If yes, how much?

Holder:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

*List information for any additional trusts on a separate sheet of paper*

4. FHA Insured? Yes ( ) No ( )

5. Hazard Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Amount of Fire and Extended Coverage \$ \_\_\_\_\_

6. Will Any Existing Debt Be Refinanced at the Time of Rehabilitation? Yes ( ) No ( )

**D. SUMMARY OF PROPOSED REHABILITATION**

1. DWELLING UNITS:

	<u>Before Rehabilitation</u>			<u>After Rehabilitation</u>	
	<u>Number</u>	<u>Monthly Rent</u>		<u>Number</u>	<u>Monthly Rent</u>
Efficiency	_____	_____		_____	_____
One Bedroom	_____	_____		_____	_____
Two Bedroom	_____	_____		_____	_____
Three Bedroom	_____	_____		_____	_____
TOTAL	_____	_____		_____	_____

2. Specify Utilities and Appliances Provided by Owner (O) or Tenant (T)

	<u>Before Rehabilitation</u>	<u>After Rehabilitation</u>
Heat	_____	_____
Water Heating	_____	_____
Electricity	_____	_____
Air Conditioning	_____	_____
Water/Sewer	_____	_____
Range	_____	_____
Refrigerator	_____	_____
Other (Specify)	_____	_____

3. Are any units owner-occupied? Yes ( ) No ( )

If yes, indicate which apartment: \_\_\_\_\_

Describe proposed rehab \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Total Contribution from Owner      \$ \_\_\_\_\_ In Cash                  \$ \_\_\_\_\_ To Be Privately Financed

Anticipated Rate & Term \_\_\_\_\_

5. Has any work been done to correct these conditions? Yes ( ) No ( )

1. Name of Manager: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

### 3. List Other Properties Managed by the Property Manager

Property Name	Type (Residential, Mixed-Use, etc.)	No. of Units	Contact Person	Phone No.

## **G. CURRENT ANNUAL CASH FLOW ANALYSIS**

*Use Most Recent Twelve Month Period for Which Records are Available.*

Reporting Period (\_\_\_\_) to (\_\_\_\_)

Total Scheduled Rental Income	_____
Less Vacancy and Uncollectible	_____
Plus Income from Other Sources (laundry, parking, etc.)	_____

### **EFFECTIVE GROSS INCOME**

#### **EXPENSES: (Not Paid by Tenants)**

##### Administrative

Advertising	_____
Management	_____
Accounting, Legal	_____
Other: Specify _____	_____

##### Operating

Electrical, Gas, etc.	_____
Lighting and Miscellaneous Power	_____
Water/Sewer	_____
Taxes	_____
Garbage and Trash Removal	_____
Payroll/ Quarters	_____
Other: Specify _____	_____

##### Maintenance

Painting and Decorating	_____
Elevator Maintenance	_____
Repairs	_____
Exterminating	_____
Insurance	_____
Ground Expense	_____
Other: Specify _____	_____

#### **RESERVE FOR REPLACEMENTS:**

(Total amount of Reserves Presently Available: \$ \_\_\_\_\_ )

### **NET INCOME**

#### **LESS DEBT SERVICE**

Loan 1	_____
Loan 2	_____

### **TOTAL DEBT SERVICE**

### **NET CASH FLOW**

## **H. TENANT INFORMATION**

Complete this section for every occupied unit. Provide additional sheets of paper as necessary. This information is for determining the feasibility of this application.

<u>Apt. No.</u>	<u>Tenant's Name</u>	<u>No. of Bedrooms</u>	<u>No. of Occupants</u>	<u>Monthly Rent</u>	<u>Race</u>	<u>Sec. 8? Y/N?</u>	<u>Yearly Income</u>
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	\$ _____	_____	_____	_____

\*Please indicate Race as Black, White, Hispanic, Asian or American Indian.

### CERTIFICATIONS

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years; and if a loan has been commenced regardless of loan status, immediate call of the loan, requiring payment in full of all amounts disbursed, pursuant to Article 41, Section 257L, Annotated Code of Maryland.

I authorize the Rehabilitation Loan Program to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Rehabilitation Loan Program and/or a private lending institution agreeing to participate in the loan.

I understand that I am responsible for all fees in connection with this transaction including appraisal fees, survey fees, title examination fees, attorney fees, and other expenses that might be incurred in order to obtain the loan.

**Please do not submit your application until you have had a building inspection with a member of the County's staff. You may call Cedric Brown at 240-777-3664 to schedule your inspection.**

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<b>Date</b>	<b>Signature</b>
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### REQUIRED ATTACHMENTS:

1. Proof of ownership
2. Partnership Agreement, Articles of Incorporation or other organizational documentation
3. Latest federal tax return for owner of the property
4. Detailed list of proposed work with estimated or proposed costs
5. Copy of latest property tax bill
6. Copy of current rental license
7. Current mortgage balance statement from lender